


Type a plus sign (+) inside this box 

U.S. Department of Commerce Patent and Trademark Office DECLARATION <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	2001.2.6
	First Named Inventor	Bruce Alexander LESLIE
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVEMENTS IN DRAG LINE BUCKET CONTROLS

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
PQ6887	Australia	04/13/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PQ7644	Australia	05/19/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365 (c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name: Madson & Metcalf

Customer Number 21552

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☒ Please direct all correspondence to: Name: Evan R. Witt

Address: 900 Gateway Tower West

Address: 15 West South Temple

City: Salt Lake City State: Utah ZIP: 84101

Country: USA Telephone: (801) 537-1700 Fax: (801) 537-1799

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name: BRUCE Middle Initial: A Family Name: LESLIE Suffix:

Inventor's Signature:  Date: 11 APR 01

RESIDENCE: City: REDBANK State: Queensland Country: Australia Citizenship: Australian

POST OFFICE ADDRESS: P O Box 6138, Acacia Ridge, Queensland, 4110, Australia

☐ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name: CRAIG Middle Initial: W Family Name: BROADEBENT Suffix:

Inventor's Signature:  Date: 11 APRIL 2000

RESIDENCE: City: SUNNYBANK HILLS State: Queensland Country: Australia Citizenship: Australian

POST OFFICE ADDRESS: P O Bx 6138, Acacia Ridge, Queensland, 4110, Australia

City: State: ZIP: Country: Applicant Authority:

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name: Middle Initial: Family Name: Suffix:

Inventor's Signature: Date:

RESIDENCE: City: State: Country: Citizenship:

POST OFFICE ADDRESS:

City: State: ZIP: Country: Applicant Authority:

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name: Middle Initial: Family Name: Suffix:

Inventor's Signature: Date:

RESIDENCE: City: State: Country: Citizenship:

POST OFFICE ADDRESS:

City: State: ZIP: Country: Applicant Authority:

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name: Middle Initial: Family Name: Suffix:

Inventor's Signature: Date:

RESIDENCE: City: State: Country: Citizenship:

POST OFFICE ADDRESS:

City: State: ZIP: Country: Applicant Authority:

☐ Additional inventors are being named on supplemental sheet(s) attached hereto.